



**Kentucky Department of Financial Institutions
Division of Depository Institutions**

Out-of-state Credit Union Request to Conduct Business in Kentucky

Credit Union Name: _____

Main Office Address: _____

President Name: _____

Phone Number: _____

Email: _____

Point of Contact for Request: _____

Phone Number: _____

Email: _____

Provide the credit union's current, approved field of membership. Specifically note any community, association, or employer group in Kentucky that the credit union presently serves. You may attach a copy of the credit union's bylaws in lieu of listing the field of membership below.

Describe the common bond among the credit union's field of membership. List any field of membership modifications that will be necessary to serve Kentucky residents. Provide the number of current and potential members that are Kentucky residents.

Discuss how Kentucky members will be served. Provide the address of existing or proposed service facilities in Kentucky.

List the products and services that will be offered to Kentucky residents. You may attach documentation listing available products and services in lieu of listing them below.

Provide any other details below.

Approval is contingent upon an out-of-state credit union's ongoing compliance with [KRS 286.6-065](#).

By signing below, you certify that the above information is correct, that you have reviewed KRS 286.6-065, and that the out-of-state credit union, if approved, will comply with KRS 286.6-065.

President/Manager

Date